

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039624
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1390

VS 300
Rev. 4/59

1 0397
2 1140
3 2
4 0
5 3
6
7 0
8 1
9 163X
10
11
12 5-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 21 1963

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY WRIGHT | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | Length of stay in 1b 10 days | c. CITY OR TOWN MANSFIELD |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Glenn Middle Leland Last Thornhill | | 4. DATE OF DEATH Month Oct. Day 13 Year 1963 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 7-6-1909 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 11. BIRTHPLACE (City and state or country) GROVESPRING Mo | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME William J. | | 13b. MOTHER'S MAIDEN NAME SERENA L. GLAXTON | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Wauline Dixon Address MANSFIELD Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Left lung (type pending autopsy) DUE TO (b) Massive Metastasis to liver DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from 4 Oct 1963 to 13 Oct 63 and last saw him alive on 13 Oct 63 Death occurred at 10:20 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Stanley J. Peterson M.D. | | 22b. ADDRESS Springfield, Mo | |
| 22c. DATE SIGNED 17 Oct 63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL | |
| 23b. DATE Oct. 14, 1963 | | 23c. NAME OF CEMETERY OR CREMATORY DURBIN | |
| 23d. LOCATION (City, town, or county) (State) WRIGHT County Mo. | | 24. FUNERAL DIRECTOR Max L Miller Address Mansfield Mo | |
| 25. DATE RECD. BY LOCAL REG. 10-18-63 | | 26. REGISTRAR'S SIGNATURE Bernice Bradley | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 28 1963

10/14/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.